

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance 2010 MAR 15 PM 2: 23

eschweite			A		- 1 1 1 1 1 1 1 1 C	1752 / 1 /
with: or Town Clerk or Election Commission	Please print or type	all information	on, except sig	natures.		Amended 4
Fill in dates: Reporting Period Beginning \(\frac{1}{2}\)	h Date	2010	Ending	Month	Date	2010
Type of report: (Check one) ☐ 8th day preceding preliminary	8th day preceding	g election	30 day after	election	□year-end repor	nt
Full Name of Candidate Office Sought and			Vote Ye Diana Po Box		Spurgir	m 4 01004
Residential Add	Tel. No. (options	-		mittee Mail	ing Address TeL No	. (optional)
Line 4: Total Line 5: Endin Line 6: Total in Line 7: Total (SUMMARY Beg balance from receipts this per tal (line 1 plus line 2 expenditures the balance (line 3 n-kind contributed) outstanding of bank(s) used	previous eriod (page 2) his period minus line 4) tions this p	report 2, line 11) (page 3, line period (page 4)	\$_ \$_ \$_ \$_ \$_ \$_ \$_	200,36 1865,00 5065.32 1991,37 3073.95 211.83 Tive Bank	
Affidavit of Committee Treasurer: I certify that I have examined this report is finance activity, including all contributions campaign finance activity of all persons activity of the persons activit	i, loans, receipts, experiment ting under the authority or s	s and it is, to the b res, disbursements on behalf of this c ier the penalties o	ommittee in accor	dance with the	a true and complete lities for this reporting requirements of M.C. Date	statement of all campaign g period and represents the i.L. c. 55.
FOR C	ANDIDATE FIL	INGS ONL	Y: (CANDIDA	ate must s	IGN BELOW)	
Affidavit of Candidate: (check 1 box of Candidate with Committee and no a 1 certify that I have examined this report finance activity, of all persons acting und contributions, incurred any liabilities nor Candidate without Committee OR I certify that I have examined this report finance activity, including contributions, campaign finance activity of all persons a	including attached schedule let the authority or on behal made any expenditures on a Candidate with independed including attached schedule loans, receipts, expenditure ceing under the authority of	if of this committee my behalf during the ent activity filing est and it is, to the	his reporting perions separate report best of my knowle in-kind contribut committee in acco	edge and belies	f, a true and complete ities for this reporting the requirements of M.	statement of all campaign
Candidate signature (in ink)					Date	•

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

number on ea	nen page.	Amo	unt	Occupation & Employer
Date	Name and Residential Address (alphabetical listing required)			(for contributions of \$200 or more)
Received				
1/29/6	Gavin Andresen 45 High Street Amherst MA	100	00	
2/22/10	Michael Ash 47 Mt Plasant, Auherst	[00	00	
2/4/10	Carla Becker 41 Hunter Hills Circle, Amheut	- 100	90	
1/29/10	Clare Bertrand 610 Bay Rol, Amherst	100	00	
1/29/10	Jeffrey Blaustein 204 Autonwood Rd. Amherst	75	ಉ	
1/29/10	Peter Blier 27 So. Sunset, Amherst	100	00	Sal Camadaired
1/29/10	Joseph Bohan 123 Blackberry Lake, Amheir	1,000	00	Self-employed Scidose → HAZ,LLC
2/11/10	Joya Misra 147 Red Gate Lane, Amherst	. ــــــــــــــــــــــــــــــــــــ	a	
1/29/10	David Mullins 1) Teaberry Lane Amherst	70	W	
1/29/10	Margot Shea O'Connor 53 Dana Street, Amherst	100	00	
3/11/10	Stephanie O'Keeffe 73 Butterfield Terrace, Amhor	+ 100	00	
1/29/10	Richard Sclove 20 McClellan, Amherst	125	100	
3/8/10	Andrew Steinberg 17 Hitching Post, Amherst	15	w	
3/1/10	Alice Swift 36 Pondview, Am Netst	100	00	
3/1/10	mJ Viederman 150 Blackberry, Amherst	100	00	
	Total receipts in excess of \$50 (or listed above)	3395	Τ.	The state of the s
Line 10:	Total receipts \$50 and under* (not listed above)	1.470	00	-
1 ine 11:	TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

2/4/10 HAZ, LLC 1,000,00
123 Blackberry Lane, Amherst

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
3/11/10	Daily Hampshire Gaze	He 115 CONZ ST.	signature ad pub	1328	80
3/12/10	Surraise Printing	322 Russell St. Hadley MA	Printing brochures	432	44
3/1/10	Diana Spurgin	57 Tanglewood Amhers + MA	Copying flies rembursement	70	13
2/10/10	David Baer Tierkel	30 Dana Place Amhest my	MailChimp registrated reimbursement	1 60	n
3/1/10	David Baer Tierkel	30 Dana Place Awherst MA	MailChimp reinbursement	100	O
_				·····	
	·				
		·			
			Expenditures over \$50	1991	37
			Expenditures \$50 and under*	1	
	Enter on page 1, line 4	Line 14	:TOTAL EXPENDITURES		37

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
3/6/10	Richard Hood self-employed	28 Farmington Rd Amherst MA OICOJ	Paid for campaign buttons	211.83
	, 5			
•				
		Line 15:	In-kind over \$50	211.83
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	21.83

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			·	
			•	
-	Enter on page 1, line 7	Line 18: OUTSTANDING	G LIABILITIES (ALL)	10

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Polytec Finance 3

Massachusetts	AMUTES A SOWN CLERK
ile with: ity or Town Clerk or Election Commission Please pr	rint or type all information, except signatures.
Fill in dates: Reporting Period Beginning	Date Year Hong Month / O OUT
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day	preceding election 30 day after election year-end report dissolution
Full Name of Candidate (if applicab	Committee Name
Office Sought and District	Name of Committee Treasurer
Residential Address Tel. N	Committee Mailing Address Tel. No. (optional)
Line 1: Ending baland Line 2: Total receipts Line 3: Subtotal (line 1) Line 4: Total expending Line 5: Ending balan	ce (line 3 minus line 4) contributions this period (page 4) tanding liabilities (page 4) \$
Affidavit of Committee Treasurer: I certify that I have examined this report including attact finance activity, including all contributions, loans, receip campaign finance activity of all persons acting under the	hed schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign as, expenditures, dishursements, in-kind contributions and liabilities for this reporting period and represents the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:
Tressurer's signature (in ink)	Date
TOD CLIMITA	TO DIT INCO ONI V. (CANDIDATE MIST SIGN RELOW)

Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my k	mowledge and belief, a true and complete statement of all campaign
I certify that I have examined this report including affacted schedules and it is, to the best of my a finance activity, of all persons acting under the authority or on behalf of this committee in accord contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting. Candidate without Committee OR Candidate with independent activity filing separate reduction of the committee of the contribution of the candidate without committee or candidate without committee or candidate without committee including attached schedules and it is, to the best of my infinance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind committee in campaign finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	sport chowledge and belief, a true and complete statement of all campaign trainitions and liabilities for this reporting period and represents the
Candidate signature (in ink)	Date

SCHEDULE A: RECEIPTS

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This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
11/30/09	Dieni Soum	100	0	-N'A
11/30	b David Box Factor			
	-			
		•		
			<u> </u>	
Line 9:	Total receipts in excess of \$50 (or listed above)		ļ	
Line 10:	Total receipts \$50 and under* (not listed above)		-	
Line 11:	POTAL RECEIPTS IN THE PERIOD is itemized receipts of \$50 and under include them in			Enter on page 1, line 2

[•] If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

umber on each	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	·			
•				
	·			-
			•	
-				
			12: Expenditures over \$5013: Expenditures \$50 and under*	
	Enter on page 1, line 4		: 14:TOTAL EXPENDITURES	

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
12/2/0	Baer Kerkél	Dare Phosphant	A Imallist	10-
		<i>!</i> 1		
•				
				-
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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Date Incurred	To Whom Due	Address	Purpose	Amount
E	Inter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

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